

STATEMENT OF ECONOMIC INTERESTS

Date Received  
Official Use Only

COVER PAGE

MAR 7 2011

Please type or print in ink.

2011 MAR -1 PM 5:07

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Huff Robert S

1. Office, Agency, or Court

Agency Name

State Senate

Division, Board, Department, District, if applicable

Your Position

29th SD

Senator

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_ ☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.  
☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
☐ The period covered is January 1, 2010, through the date of leaving office.  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- ☐ Schedule A-1 - Investments - schedule attached  
☒ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☒ Schedule D - Income - Gifts - schedule attached  
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed March 1, 2011  
(month, day, year)

Signature

Clear Cover Page

Print Form



specify pages to print

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Robert Huff

<b>1. BUSINESS ENTITY OR TRUST</b>	
Ray S. French Co.	
Name P. O. Box 4243 Diamond Bar, CA 91765	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b> Commodity Wholesaler	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10    ____/____/10 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>Owner</u>	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>
---

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10    ____/____/10 ACQUIRED    DISPOSED
--	---

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    ☐ Other  
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

<b>1. BUSINESS ENTITY OR TRUST</b>	
Mei Mei Ho Consulting, LLC	
Name P. O. Box 4243 Diamond Bar, CA 91765	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b> Business Consulting	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10    ____/____/10 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC	
YOUR BUSINESS POSITION <u>Spouse of Principal</u>	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>
Pacific Palms Resort / Majestic Industry Hills, LLC
Inland Group, Inc.

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>
---

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10    ____/____/10 ACQUIRED    DISPOSED
--	---

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    ☐ Other  
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Bob Huff	

► NAME OF SOURCE  
CA State Protocol Foundation/ Office of the Governor

ADDRESS (Business Address Acceptable)  
Gov's office, State Capitol, Sac, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 6 / 10</u>	<u>\$ 57.00</u>	<u>Luncheon</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Maersk Inc.

ADDRESS (Business Address Acceptable)  
P.O. Box 880, Madison, NJ 07940

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Shipping Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 18 / 10</u>	<u>\$ 80.00</u>	<u>Lego Ship Model</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
CA Foundation on Environment & Economy (CFEE)

ADDRESS (Business Address Acceptable)  
Pier 35, Suite 202, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Foundation on Environment & Economics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 24 / 10</u>	<u>\$ 11,241.24</u>	<u>Study Project: Hotel,</u>
<u>4 / 3 / 10</u>	<u>\$</u>	<u>meals, transport</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
CA Council for Env. & Econ. Balance (CCEEB)

ADDRESS (Business Address Acceptable)  
100 Spear St., #805, San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Council on Environment & Economy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 2 / 10</u>	<u>\$ 313.58</u>	<u>2 Dinners during Study</u>
<u>  /  /  </u>	<u>\$</u>	<u>Trip</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Rio Tinto

ADDRESS (Business Address Acceptable)  
PO Box 6609, Englewood, CO 80155

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Mineral Supplier

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 12 / 10</u>	<u>\$ 129.17</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Del Mar Thoroughbred Club

ADDRESS (Business Address Acceptable)  
PO Box 700, Del Mar, CA 92014

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Horse Racing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 21 / 10</u>	<u>\$ 275.00</u>	<u>Admission, Buffet, Par-</u>
<u>  /  /  </u>	<u>\$</u>	<u>king</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: State Protocol / Gov's office Luncheon was paid for by  
2 parties: \$35.47 by CA State Protocol Foundation + 21.53 by Governor  
Schwarzenegger

# SCHEDULE D

## Income – Gifts

Name

Bob Huff

## ▶ NAME OF SOURCE

Pillsbury, Winthrop, Shaw, Pittman LLP/Intuit

ADDRESS (Business Address Acceptable)

2600 Capitol Ave., #300, Sacramento, CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 2 / 10	\$ 51.37	Dinner
/ /	\$	
/ /	\$	

## ▶ NAME OF SOURCE

Bridgepoint

ADDRESS (Business Address Acceptable)

13500 Evening Creek Dr. North, #600, San Diego

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CA 92128. Higher Ed. Institution

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 25 / 10	\$ 62.00	Padres Game
/ /	\$	
/ /	\$	

## ▶ NAME OF SOURCE

Fundacion Nueva Generacion Argentina

ADDRESS (Business Address Acceptable)

Bv. Orono 1231, Planta Alta, Rosario Argentina

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 8 / 10	\$ 1596.00	Lodging, Transport,
11 / 12 / 10	\$	Meals
/ /	\$	

## ▶ NAME OF SOURCE

ACHLIC

ADDRESS (Business Address Acceptable)

1201 K ST., Suite 1820, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 24 / 10	\$ 3902.63	Lodging, Food, Bev.
/ /	\$	for Annual Roundtable
/ /	\$	

## ▶ NAME OF SOURCE

CFEE

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Foundation for Environ. &amp; Economy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 3 / 10	\$ 459.89	Lodging and meals
10 / 5 / 10	\$	for Roundtable Work-
/ /	\$	shop

## ▶ NAME OF SOURCE

Ministry of Foreign Affairs of Chile

ADDRESS (Business Address Acceptable)

Teatinos 180, Santiago, Chile

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 10	\$ 1000.00	Transport, 2 lunches,
11 / 18 / 10	\$	gift
/ /	\$	

Comments: ACHLIC - Participated in Roundtable Conference



FAIR POLITICAL PRACTICES COMMISSION

**SCHEDULE D**  
**Income - Gifts**

2011 MAR -8 AM 10:43

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

**AMENDMENT**

► NAME OF SOURCE

U. of VA Darden School of Business

ADDRESS (Business Address Acceptable)

1645 Falmouth Rd, Bldg D, Centerville, MA 02632

BUSINESS ACTIVITY, IF ANY, OF SOURCE

State Legislative Leaders Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 12 / 10	\$ 4324.08	Transport, Room &
7 / 15 / 10	\$	Board, meals for Leg.
/ /	\$	study trip

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

**Verification**

Print Name \_\_\_\_\_

Office, Agency  
or Court \_\_\_\_\_

Statement Type ☐ 2010/2011 Annual ☐ Assuming ☐ Leaving  
☐ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

(d)(5)

Signature

Comments: \_\_\_\_\_

2011 MAR -9 AM 11:41

**SCHEDULE D**  
**Income – Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

► NAME OF SOURCE  
Jewish Federation of Greater Los Angeles  
ADDRESS (Business Address Acceptable)  
6505 Wilshire Blvd., L.A. CA 90048  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-Profit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 12 / 10</u>	<u>\$ 4567.00</u>	<u>Airfare, transport,</u>
<u>12 / 20 / 10</u>	<u>\$</u>	<u>meals for legislative</u>
<u>/ /</u>	<u>\$</u>	<u>study trip</u>

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>/ /</u>	<u>\$</u>	_____
<u>/ /</u>	<u>\$</u>	_____
<u>/ /</u>	<u>\$</u>	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>/ /</u>	<u>\$</u>	_____
<u>/ /</u>	<u>\$</u>	_____
<u>/ /</u>	<u>\$</u>	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>/ /</u>	<u>\$</u>	_____
<u>/ /</u>	<u>\$</u>	_____
<u>/ /</u>	<u>\$</u>	_____

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>/ /</u>	<u>\$</u>	_____
<u>/ /</u>	<u>\$</u>	_____
<u>/ /</u>	<u>\$</u>	_____

**Verification**

Print Name Bob Huff

Office, Agency or Court CA State Senate

Statement Type ☒ 2010/2011 Annual ☐ Assuming ☐ Leaving  
☐ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/3/11

Signature (d)(5)

Comments: \_\_\_\_\_